IMPORTANT NOTICE TO APPLICANT: Make check for the total Processing Fee Payable to: MIAMI-DADE COUNTY.	FOR OFFICIAL USE ONLY:
Number of Sites : (3)	Agenda Date: 10-10-14
D.R.E.R	Waiver No. D-23545-I-NE
D.E.R.M \$210.00	
PRINT \$2,082.00	Received Date: <u>9-36-14</u>
Concurrency Review Fee (*6.00% of Sub-Total) – \$124.92	
APPLICATION FOR	WAIVER OF PLAT
	S. Rge.: <u>39</u> E. / Sec.: Twp.:S. Rge.: E.
1. Owner's Name: Equality Development, Inc.	Phone: 305-807-8292
Address: 280 SW 87 CT. City: Miami	State: FL Zip Code: 33174
Owner's Email Address: abeleiva@bellsouth.net	
2. Surveyor's Name: Extreme Surveying of Florida	Phone: (813) 973-2092
	Chapel State: FL Zip Code: 33545
Surveyor's Email Address: alex@extreme-surveying.com	
3. Legal Description of Cutout Tract: See Exhibit "A"	
or Logar Description of Outout Hact. Oce Exhibit A	
40 7000 000 0540	
4. Folio No(s).: 10-7908-000-0510 /	11
5. Legal Description of Parent Tract: See Exhibit "A"	
5. Street boundaries: NE 15th Ave. Between NE 9th Ct. and Campbell Dr.	
7. Present Zoning: Commercial Zoning Hearing No.:	
B. Proposed use of Property: Single Family Res.(Units), Duplex(Units), Apartments(Business(Sq. Ft.), Office(Sq. Ft.), Restaurant(Units) Industrial/Warehouse/ Square 54)
NOTE: Attach list of all restrictions zoning conditions or any other declaration	
HEREBY CERTIFY that I am the owner of the parcel(s) described in Item 5 and that the information elief. If applicable, attached is a list of all the restrictions/restrictive covenants and declarations in fa cquisition of this land. In addition, I agree to furnish additional items as may be necessary such as a	contained in this application is true and correct to the best of my knowledge and
urthermore, I am aware that the use of a public water supply and/or public sewer system may be rec or the extension of these utilities must be approved by the appropriate utility entity and by D.R.E.R	unional familiaria de la companya del companya de la companya del companya de la
ursuant to Florida Statutes 837.06, whoever knowingly makes a false statement in writing wit hall be guilty of a misdemeanor of the second degree, punishable as provided in FS. 775.08	h the intent to mislead a public servant in the performance of his or her duty 2 or FS. 775.083.
STATE OF FLORIDA)	March Lacie
SS: Signature o COUNTY OF MIAMI-DADE) (Print name & Ti	MI I D
011.	To Cost la
cknowledged to and before me that (he/she) executed the same for t as identification and who did (not) tal	this <u>0</u> day of <u>Stylemen</u> A.D. and (he/she) he purposed therein Personally known or produce ke an oath
WITNESS my hand and seal in the County and State last aforesaid this	
MIRIAM CABRERA Signature of N	lotary Public: Minam Culresa
Notary Public, State of Florida	pe name here! Mirium Oabrera,
No. EE 863116	2/1/2017 FE 0/ 2/1/
Bonded thru Ashton Agency, Inc. (800)451-4854 (NOTARY SEAL)	(Commission Expires) (Commission Number)
Note: The reverse side of this sheet may be used for a statement of additional i	(Commission Expires) (Commission Number)

